

# COMPLETING AN ABSENTEE BALLOT APPLICATION

Prior to submitting an absentee ballot application, a voter must be registered in the county in which the voter resides. To check voter registration status, go to: <http://sos.georgia.gov/elections/pollocator/PollLocator.aspx> or contact the county registrar's office.

All applicable fields must be completed to ensure that there are no delays in processing the absentee ballot request.

If the voter is 75 years of age or older or is physically disabled, that voter is allowed to check the "all ballots required by law" box. That voter will be sent an absentee ballot for all remaining elections in that election cycle, including the primary, primary runoff, general election, and general election runoff.

In order to receive assistance in completing any portion of the absentee ballot application, the voter must be disabled or illiterate.

**APPLICATION FOR OFFICIAL ABSENTEE BALLOT**

NOTE: You may submit your application by mail, by facsimile transmission, or in person. A disabled or illiterate voter may receive assistance.

County or Municipality: \_\_\_\_\_ Application Date: \_\_\_\_\_

PLEASE PRINT (FAILURE TO FILL OUT THIS FORM COMPLETELY WILL DELAY YOUR APPLICATION)

Name as registered: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address as registered: \_\_\_\_\_ (CITY) (STATE) (ZIP)

Mailing address on registration record: \_\_\_\_\_ (CITY) (STATE) (ZIP)

Date of Primary, Election, or Runoff: \_\_\_\_\_ If requesting ballot for primary, designate ballot type:  
☐ DEMOCRATIC ☐ REPUBLICAN

PLEASE CHECK THE APPROPRIATE BOX: (circle one of the codes below)

☐ ABSENTEE VOTING: Please see reverse side for description of codes and circle one of the codes below:  
E O P D C G E O R H P S M S T M O S O S P O S T N R (By Mail Only)\*

☐ ADVANCE VOTING (In Person Only): Monday - Friday of the week immediately preceding the election; not required to provide a reason.

MANNER IN WHICH ABSENTEE BALLOT IS PROVIDED:

☐ Ballot to be mailed to voter.  
☐ Ballot issued and voted in registrar's office.  
☐ Ballot to be delivered to voter in hospital (at Registrar's discretion).  
☐ Mail ballot to my temporary out-of-county address (or alternate address in the case of a physically disabled voter).  
Address to mail ballot to: \_\_\_\_\_

MILITARY/PHYSICAL DISABLED/ 75 YEARS OR OLDER VOTERS:  
You may choose to submit one application and receive a ballot for the Primary, Primary Runoff, Election, and Election Runoff if you meet the following criteria:  
☐ A member of the Armed Forces or Merchant Marines of the United States or a spouse or dependant living outside the county or municipality in which the election is held or a civilian permanently or temporarily residing overseas; or  
☐ A voter age 75 or older; or **Important: A separate application must be made for the Presidential Preference Primary if you are**  
☐ A voter with a physical disability. ☐ in one of these categories.  
☐ By checking this box you are stating: I meet the above criteria and I choose to receive all absentee ballots as allowed by law.  
I request that the ballot be mailed to: \_\_\_\_\_

SIGNATURE OR MARK OF VOTER \_\_\_\_\_

Signature of person preparing application if voter is disabled or illiterate \_\_\_\_\_

VOTERS RESIDING TEMPORARILY OUT OF COUNTY/MUNICIPALITY OR VOTERS WITH A PHYSICAL DISABILITY RESIDING WITHIN THE COUNTY/MUNICIPALITY:  
In the case of a voter residing temporarily out of the county/municipality or a physically disabled voter residing within the county/municipality, application may be made by mother, father, grandparent, brother, sister, aunt, uncle, spouse, son, daughter, niece, nephew, grandchild, son-in-law, daughter-in-law, mother-in-law, father-in-law, brother-in-law, or sister-in-law of the age of 18 or over upon completing the following oath:  
I, the undersigned, do swear (or affirm) that the above named voter is:  
☐ Residing temporarily out of the county/municipality.  
☐ A physically disabled voter residing within the county/municipality and that the facts included within this application are true.  
Signature and relationship of relative requesting ballot \_\_\_\_\_

Office Use Only

I hereby certify that:  
☐ The voter named is eligible to receive an absentee ballot  
☐ The voter named is ineligible to receive an absentee ballot

Date Application Received: \_\_\_\_\_  
Date Ballot Mailed: \_\_\_\_\_  
Date Ballot Returned: \_\_\_\_\_  
Type of Identification: \_\_\_\_\_  
Signature of Registrar/Clerk: \_\_\_\_\_

Voter Registration #: \_\_\_\_\_  
Precinct ID: \_\_\_\_\_  
District Combo#: \_\_\_\_\_  
Reason for rejection: \_\_\_\_\_

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If a family member is requesting the ballot on behalf of the applicant, the family member must complete the oath and signature.